# **Supplemental Personal Services Positions Form Instructions**

This form should be completed thirty (30) days prior to the date that the positions need to be filled to allow adequate time for review and approval by all persons required. Please review A.C.A. §21-5-301 et seq. prior to completion of this form.

- 1) **Date** Enter the current date.
- 2) **Legislative Review Date** Leave blank. The date will be entered by DFA Office of Budget after request is reviewed by the Legislative Council/Joint Budget Committee.
- 3) **Agency** Enter the name of the agency requesting the position(s).
- 4) **Program Title** Enter the name of the program.
- 5) **Effective Date of Authorization** Enter the beginning and endings dates for the period for which the position(s) is being authorized. The position(s) may be effective for the fiscal year or for the biennium. Remember the position(s) will not be established until the proper approvals are received.
- 6) **Justification for Request** Enter a thorough explanatory paragraph justifying the requested position(s). Submit any other pertinent information as may be needed to justify the request. The requesting agency should read A.C.A. §21-5-301 et seq. before entering the justification.
- 7) Funds Center Transfer:

**Business Area Code** – Enter the four-digit code of the agency.

**Funds Center Code -** Enter the appropriation code.

Fund Code - Enter the seven-digit fund code.

**Functional Area Code** – Enter the functional area of the agency.

8) **Transfer From/To** - Calculate the total appropriation necessary to complete the term of the request. An agency will not receive any additional appropriation or funds for the requested position(s); only a transfer of line items from the agency's current appropriation. If the position(s) is requested for the biennium, request the appropriation transfer needed for both fiscal years.

**Transfer From** – Enter the amount being transferred from Professional Fees (506:00:10) and/or Operating Expenses (502:00:02).

**Transfer To**: - Enter the amount being transferred to Supplemental Emergency Salaries (501:00:07) and Personal Services Matching (501:00:03).

9) **Positions to be established** – Enter the information of the new position(s) to be established. Each position must be entered separately.

**Personnel Area** - Enter the four-digit personnel area designation to which each authorized position will be charged.

**Position Number** - Leave blank. DFA-Office of Personnel Management will enter the assigned number.

**Cost Center** - Enter the six-digit cost center for the agency to which each authorized position will be charged.

**Functional Area -** Enter the functional area of the agency.

**Position Title** – For each position being established, enter the existing Position Title as authorized in A.C.A. §21-5-208. If requesting a title that is not in the state system, enter the requested Position Title.

**Class Code** - For each position being established, enter the Class Code corresponding to the Position Title as authorized in A.C.A. §21-5-208. If you are requesting a Position Title that is currently not in the state system, leave the Class Code blank.

**Grade** - For each position being established, enter the Grade corresponding to the Position Title and Class Code as authorized in A.C.A. §21-5-208. If requesting a Positions Title that is not in the state system, enter the requested Grade.

**Line Item Maximum** – For each unclassified position being established enter a line item maximum salary rate set out in dollars for each fiscal year. These positions must be grade 66 or 99.

Complete the remaining sections by obtaining the signatures required only for the agency's branch of government (Executive, Legislative or Judicial).

### 10) Executive:

- a) Includes all 7 Constitutional Offices.
- b) Signed by the Agency Director.
- c) Send original form to DFA Office of Budget, Room 402, DFA Building, Little Rock, Arkansas, 72201.

#### 11) Legislative:

- a) Signed by the Agency Director.
- b) Send to the Co-Chairman of the Legislative Council and to the Joint Audit Committee for signature, Room 315, State Capitol Building, Little Rock, Arkansas 72201.
- c) Send original form, with all required signatures, to DFA Office of Budget, Room 402, DFA Building, Little Rock, Arkansas, 72201.

## 12) Judicial:

- a) Signed by the Agency Director.
- b) Send to Chief Justice of the Supreme Court for signature, 1<sup>st</sup> Floor, Justice Building, Little Rock, Arkansas, 72201.
- c) Send original form, with all required signatures, to DFA Office of Budget, Room 402, DFA Building, Little Rock, Arkansas, 72201.
- 13) **Department of Finance and Administration** After receiving the completed form, DFA Office of Budget will acquire the appropriate signatures and finish processing the request. All requests will be submitted for review by the Legislative Council/Joint Budget Committee.

An agency can not request additional Salary and/or Personal Services Matching Appropriation (Pay Plan) for Supplemental Personal Services Positions or the related Personal Services Matching line items. If the amounted calculated in #8 above is not sufficient appropriation for the requested position(s), the agency will have to submit a new form to request transfer of additional appropriation.

# REQUEST FOR ALLOCATION OF SUPPLEMENTAL PERSONAL SERVICES POSITIONS AUTHORIZED BY A.C.A. §21-5-301 ET SEQ.

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